

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY
NEXT HOME
2016 PROGRAM REGISTRATION FORM**

THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.

I/WE will participate in the Indiana Housing & Community Development Authority's (IHCDA) Next Home Program.

COMPANY NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____
(NUMBER YOU WISH BORROWERS TO CALL OR IHCDA TO FAX, **BROKER NUMBER** IF APPLICABLE)

Please list foreign languages spoken fluently in your office.

PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.

FHA___ CONV___

Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCDA.

APPLICATION CONTACT NAME _____

APPLICATION CONTACT PHONE # _____ **FAX#** _____

APPLICATION CONTACT EMAIL ADDRESS _____
(An email address is required)

Please note that the contact person will be responsible for giving everyone in your office access to IHSF. IHCDA will not give usernames or passwords to anyone other than the contact person listed above. If you will be closing loans for a Broker, the attached Appendix must be completed and signed by all necessary parties. This section is to be completed as contact information for the Lender only. Check here if Broker applicable ☐.

IHSF USERNAME _____

IHSF PASSWORD _____

PLEASE LIST ALL COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:

DATE

COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the NEXT HOME Program.

DATE

J. JACOB SIPE, EXECUTIVE DIRECTOR

_____, an Indiana approved Broker, will be using _____, an IHCD Participating Lender, to close loans through the IHCD NEXT HOME program. All application issues will be the responsibility of the Broker to correct and complete for loan closing approval. The Broker understands that any fees related to the purchase of a Next Home loan by the Master Servicer will be paid to the Participating Lender. If applicable, the said fees will be distributed to the Broker based on an agreement between the said Broker and the said Participating Lender. If applicable, any loans that must be repurchased due to non-compliance with IHCD or the Master Servicer must be repurchased by the IHCD Participating Lender. IHCD will not be responsible or liable for any part of the agreement between the Broker and the Participating Lender. Any refund of fees to be paid on a loan after purchase, or cancellation if applicable, will be paid to the said Participating Lender. The Participating Lender will be responsible for refunding the fees to the Broker.

BROKER CONTACT NAME _____

BROKER CONTACT PHONE # _____ FAX# _____

(An email address is required)

ONLINE USERNAME

ONLINE PASSWORD

DATE _____ BROKER AUTHORIZED OFFICER SIGNATURE _____

DATE PARTICIPATING LENDER AUTHORIZED OFFICER SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the NEXT HOME Program.

DATE J. JACOB SIPE, EXECUTIVE DIRECTOR